497 Contribution Report

Amounts may be rounded to whole dollars

	•		Amount	3 may be rounded to w	noie donars.		497 C	ONTRIBUTION REPORT	
NAME OF FILER Edel Alonso 4 COC Board 2024				Date of This Filing10/01/2024		Date Stamp	CALIFO		
AREA CODE/PHONE NUMBER (661) 713-8287		I.D. NUMBER (if applicable)		Report No. 9		E-Filed 10/01/2024	For Official Use Only		
STREET ADDRESS				Amendment to Report No.		23:48:24 Filing ID: 212224685			
CITY Santa Clarita		STATE CA	ZIP CODE 91355	(explain below) No. of Pages	1				
	on(s) Received	CA	91333						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRII (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
10/01/2024	Edel Alonso Santa Clarita, CA 91355					Retired Retired		1,000.00	
					☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan	
10/01/2024	College of the Canyons Faculty Association PAC Sacramento, CA 95814 Committee ID # 1321863				☐ IND ☑ COM ☐ OTH ☐ PTY			Provide interest rate 375.00 ☐ Check if Loan	
					scc			Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————	
						*Contributor Codes IND – Individual COM – Recipient Co		ner than PTY or SCC)	

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Reason for Amendment: _